

DELAWARE CORRECTIONAL CENTER — MEMORANDUM

TO: Inmate Samuel, Harry, SBI# 201360, Housing Unit SHU 19CU3  
 VIA: Counselor McFarlane  
 FROM: I.B.C.C.  
 DATE: 2/7/05  
 RE: Classification Results 05-37 (SUR)

Your M.D.T. has recommended you for the following: Max

The I.B.C.C.'s decision is to:

☒ Approve \_\_\_\_\_  
☐ Not Approve \_\_\_\_\_  
☐ Defer \_\_\_\_\_  
☐ Recommend \_\_\_\_\_  
☐ Not Recommend \_\_\_\_\_

BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you _____	

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: \_\_\_\_\_

OTHER: Per: 04/05 229L11

ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: \_\_\_\_\_

Copy to: Classification  
 Inmate  
 Institution File

Exhibit 23

Form #456 (3 Part NCR)  
 Revised 11/97

## DELAWARE CORRECTIONAL CENTER — MEMORANDUM

TO: Inmate Harvey Samuel, SBI# 2012100, Housing Unit SHU  
 VIA: Counselor Zende  
 FROM: I.B.C.C. 5/2/05  
 DATE: 5/2/05  
 RE: Classification Results

Your M.D.T. has recommended you for the following: Mod-FIC, TFC, MH

The I.B.C.C.'s decision is to:

☒ Approve \_\_\_\_\_  
☐ Not Approve \_\_\_\_\_  
☐ Defer \_\_\_\_\_  
☐ Recommend \_\_\_\_\_  
☐ Not Recommend \_\_\_\_\_

## BECAUSE:

<input type="checkbox"/> Lack of program participation	<input checked="" type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input checked="" type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you _____	

☒ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: \_\_\_\_\_

OTHER: ~~04/06 Review~~ 04/06 Review

## ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: \_\_\_\_\_

Copy to: Classification  
 Inmate  
 Institution File

Form #456 (3 Part NCR)  
 Revised 11/97

Exhibit 24

FORM #584

Medical GRIEVANCE FORM

FACILITY: D.C.C. DATE: Oct. 7 2004  
 GRIEVANT'S NAME: Harry Samuel SBI#: 00201360  
 CASE#: \_\_\_\_\_ TIME OF INCIDENT: Sept 5, 2004  
 HOUSING UNIT: 21 B 9L

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I requested to get treatment from the dentist by putting a Sick Call Slip (form) in the Sick Call box on Sept. 7, 2004.  
Sgt. Sullivan gave me the Sick Call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is my filling is out and I got a big hole in my tooth if not treated I will lose my tooth. Also the warden forward  
a letter to have braces to fix my front teeth its been years the dentist didnt call ye  
\* The reason I am submitting this grievance is because it has been a month and I havent seen the dentist in a month since my request (Sick call was put in). The dentist assistant seen me after a month but no treatment now it been another month and no treatment.  
 ACTION REQUESTED BY GRIEVANT: to have my tooth fill in by the dentist soon before I lose my tooth and to have my front teeth Braced like the warden said he notified the dentist Supervisor to take action.

GRIEVANT'S SIGNATURE: Harry Samuel DATE: Oct. 7, 2004

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
 GRIEVANT

## INFORMAL RESOLUTION

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg 21, Upper, Tier D, Cell 6, Bottom	

### INFORMAL RESOLUTION

Investigator Name : Wolken, Gina  
Date of Report 10/22/2004  
Investigation Report : Patient does not want to sign off until he gets the treatment. Warned him filling take 8-9 months.  
Reason for Referring:

Offender's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Witness (Officer) : \_\_\_\_\_

Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

## GRIEVANCE INFORMATION - IGC

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

### IGC

Medical Provider:

Date Assigned

Comments:

☒ Forward to MGC

☐ Warden Notified

☐ Forward to RGC

Date Forwarded to RGC/MGC : 12/03/2004

☐ Offender Signature Captured

Date Offender Signed :

DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

## GRIEVANCE INFORMATION - Appeal

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

### APPEAL REQUEST

No appeal returned

### REMEDY REQUEST



Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

## GRIEVANCE INFORMATION - BGO

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

### REFERRED TO

Due Date : Referred to: Name:

Type of Information Requested :

### DECISION

Date Received : 02/22/2005

Decision Date : 03/17/2005

Vote : Uphold

Comments :

I recommend that FCM resolve the dental services availability problem; inordinate delays lead to more serious and expanding medical related issues, as well as higher costs. An 8-to9 month wait for tooth repair is unacceptable.

Delaware Correctional Institute  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

**GRIEVANCE INFORMATION - Bureau Chief****OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

**DECISION**

Decision Date: 06/20/2005      Vote : Uphold

**Comments :**

I concur with the recommendation of the BGO.



DCC Delaware Correctional Center

Date: 06/22/2005

Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

**GRIEVANCE INFORMATION - MGC****OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

**MGC**

Date Received : 12/03/2004

Date of Recommendation: 02/18/2005

**GRIEVANCE COMMITTEE MEMBERS**

Person Type	SBI #	Name	Vote
Staff		Munson, Amy	Deny
Staff		Lyons, April	Deny
Staff		Rickards, Suesann	Deny
Staff		Merson, Lise M	Abstain

**VOTE COUNT**

Uphold : 0

Deny : 3

Abstain : 1

**TIE BREAKER**

Person Type	SBI #	Name	Vote
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**RECOMMENDATION**

Hearing held 2/15/05  
You were seen by the dentist and are on the waiting list for a filling.  
Appeal form provided.

In The United States District Court

for the District of Delaware

Harry Samuel  
Plaintiff,

Civ. No. 05-037-SLR

v.

Thomas Carroll  
etal.

RE: Dental Services

To Judge Sue L. Robinson.

On 9-7-2005, The Dentist filled my tooth.  
The Dentist said plaque developed around the tooth,  
and eat some of the bone away that hold the tooth.  
I was next scheduled for treatment to clean my tooth  
(teeth). I explained to the Dentist that the warden had  
forwarded a letter to the Dentist to take action on getting  
my teeth (tooth) straight. (see two letters from Thomas  
the warden dated November 20, 2001 and ~~November~~ October  
26, 2001). I bit my lip and it is hard to talk the way my  
tooth grow back. I was charged \$4.00 dollars for the  
filling see Delaware Department of Correction Health  
Care Services Fee Sheet. I don't think I should have  
to pay because the Tax payers already payed for me  
to have Dental, Medical, etc. to be housed in prison.

Inmate:

Harry L. Samuel  
SB# 201360

Delaware Correctional Center

# Delaware Department of Correction Health Care Services Fee Sheet

Inmate Name \_\_\_\_\_ SBI # \_\_\_\_\_

(Last, First MI)

Facility \_\_\_\_\_ Date \_\_\_\_\_

<input checked="" type="checkbox"/>	Chargeable Visit	\$4.00
<input type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$ \_\_\_\_\_

Health Care Staff Signature: \_\_\_\_\_

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: Harry Samuel Date: \_\_\_\_\_

1) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

**Distribution:**

Original: Facility Business Office      Posted/Entered by \_\_\_\_\_ Date \_\_\_\_\_  
Copy:    Inmate Medical Record (yellow)  
          Inmate (pink)

\*Only needed if inmate refuses or is unable to sign.

**FORM #: 621**

3 part NCR

*Dintist Kathy*



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
OFFICE OF THE WARDEN  
DELAWARE CORRECTIONAL CENTER  
1181 Paddock Road  
SMYRNA, DELAWARE 19977  
Telephone: (302) 653-9261  
Fax: (302) 653-2855

**MEMORANDUM**

TO: Inmate Harry Samuel  
#201360

FROM: Thomas L. Carroll  
Warden

A handwritten signature in cursive script that reads "Thomas L. Carroll".

DATE: November 20, 2001

RE: Letter

---

This will acknowledge receipt of your letter on November 15, 2001 regarding dental problems. Please be advised that this matter has been forwarded to Ms. Georgia Perdue of Correctional Medical Services for her information, review and action.

TLC/sw

Cc: Georgia Perdue, CMS  
file



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
OFFICE OF THE WARDEN  
DELAWARE CORRECTIONAL CENTER  
1181 Paddock Road  
SMYRNA, DELAWARE 19977  
Telephone: (302) 653-9261  
Fax: (302) 653-2855

**MEMORANDUM**

TO: Inmate Harry Samuel  
#201360

FROM: Thomas L. Carroll  
Warden

*Thomas L. Carroll*

DATE: October 26, 2001

RE: Letter

---

This will acknowledge receipt of your letter dated October 19, 2001 regarding dental services. Be advised that I have forwarded your request to Ms. Georgia Perdue of Correctional Medical Services for action.

TLC/sw

Cc: Deputy Warden McGuigan  
Security Superintendent Cunningham  
Georgia Perdue  
file



In the United States District Court  
District of Delaware

Harry Samuel  
Plaintiff

v.

Civ. No. 05-037-SLR

Thomas Carroll (Warden)  
and et al  
Dental Service

RE: Being handcuffed during Dental  
Treatment and Pain and Suffering

Plaintiff Samuel Submit that after waiting a while to see if the Pain and Injuries I got from being handcuffed behind my back during dental Treatment would go away the Pain and injuries I suffered in my hand, wrist and Shoulder did not go away.

Therefore I Put in a Sick call to see the Doctor about my Pain and my injuries to my hand, wrist and Shoulder (See exhibit - 26 Medical/Dental Sick Call).

On 10-5-2005 the nurse Call to see me about my Sick Call slip I put in (exhibit - 26) BY taking me to the nurse/Doctor office and examine me. I explained to nurse Danve that I have pain in my hand, wrist and Shoulder and injuries to my wrist and shoulder. I explained to the nurse that it feels like something is broke in Shoulder and the pain and injuries is where I can't exercise because when I Put Pressure from exercising the pain gets worst. The then instructed me stop exercising, and gave me a Box of Pain Reliever, and a container (cup) of muscle cream and instructed to Put a warm towel on my hand, wrist and Shoulder the nurse said I may have pinched a nerve.

← Pain reliever nurse gave me.

24 Tablets

NOC # 47682-100-64

**Médique**



**Pain Reliever / Fever Reducer**  
Easy to Swallow-Film Coated Tablets  
Compares Active Ingredients to Advil®

Registered Trademark of Wyeth Consumer  
Manufactured for: Medique Products, Wood Dale, Illinois 60191 USA  
1-800-634-7680

Respectfully Submitted

Harry L. Samuel  
Date:



**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
 This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

Harry Samuel 23,C,1,U  
 Name (Print) Housing Location  
8-17-62 201360 9- -05  
 Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? on about 9-7-04 I was  
put in Max at which time 9-7-04 I requested  
Dental Care. on 11-2-04 I was handcuffed behind  
my back during Dental Treatment with TK Kionke  
the handcuffs and being handcuffed behind my back gave me injuries  
and pain to my hand, rist, and Shoulder I need to see Doctor it got worst.

Harry L. Samuel  
 Inmate Signature

\_\_\_\_\_  
 Date

**The below area is for medical use only. Please do not write any further.**

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

\_\_\_\_\_  
 Provider Signature & Title

\_\_\_\_\_  
 Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

Harry Samuel

Name (Print)

8-17-62

Date of Birth

00201360

SBI Number

19C34 21 DUG

Housing Location

6-9-05

Date Submitted

Complaint (What type of problem are you having)? my tooth filling came  
out 9 months ago and my teeth need to be filled and  
my teeth need to be even up with Braces.  
This is my 6<sup>th</sup> attempt to get treatment and its over  
9 months and no treatment yet.

Harry Samuel

Inmate Signature

Date

**The below area is for medical use only. Please do not write any further.**

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

Exhibit-27 (27)

*[Handwritten signature]*

**GRIEVANCE REPORT****OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Resol. Date : 06/22/2005
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

**OFFENDER GRIEVANCE DETAILS**

Description of Complaint: I requested to get treatment from the dentist by putting a sick call slip in the sick call box on 9/7/04. Sgt. Sullivan gave me sick call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is filling is out and I got a big hole in my tooth if not treated I will lose my tooth. 2. Also warden forward a letter to have braces to fix my front teeth. It's been years the dentist didn't call yet. The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month since my request. The dentist assistant seen me after a month but no treatment now it been another month and no treatment.

Remedy Requested : To have my tooth fill in by the dentist soon before I loose my tooth and have to have my front teeth braced like warden said he notified the dentist supervisor to take action.

**INDIVIDUALS INVOLVED**

Type	SBI #	Name
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**ADDITIONAL GRIEVANCE INFORMATION**

Medical Grievance : YES	Date Received by Medical Unit : 10/22/2004
Investigation Sent : 10/22/2004	Investigation Sent To : Wolken, Gina
Grievance Amount :	

Exhibit 22